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APPLICATION NUMBER	FILING OR 371 (c) DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NUMBER
10/751,021	12/31/2003	Christopher Bohn	

Christopher Bohn
 134 Woodbine Drive
 Mill Valley, CA 94941

CONFIRMATION NO. 2170

FORMALITIES LETTER



OC000000012520111

Date Mailed: 05/04/2004

NOTICE TO FILE CORRECTED APPLICATION PAPERS

Filing Date Granted

An application number and filing date have been accorded to this application. The application is informal since it does not comply with the regulations for the reason(s) indicated below. Applicant is given TWO MONTHS from the date of this Notice within which to correct the informalities indicated below. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

The required item(s) identified below must be timely submitted to avoid abandonment:

- Replacement drawings in compliance with 37 CFR 1.84 and 37 CFR 1.121 are required. The drawings submitted are not acceptable because:
 - The drawings must be reasonably free from erasures and must be free from alterations, overwriting, interlineations, folds, and copy marks. See Figure(s) 2.
- A replacement abstract commencing on a separate sheet in compliance with 37 CFR 1.72(b) and 37 CFR 1.121 is required.

The applicant needs to satisfy supplemental fees problems indicated below.

The required item(s) identified below must be timely submitted to avoid abandonment:

- Additional claim fees of **\$219** as a small entity, including any required multiple dependent claim fee, are required. Applicant must submit the additional claim fees or cancel the additional claims for which fees are due.

SUMMARY OF FEES DUE:

Total additional fee(s) required for this application is **\$219** for a Small Entity

- Total additional claim fee(s) for this application is **\$219**
 - **\$129** for 3 independent claims over 3.
 - **\$90** for 10 total claims over 20.

Replies should be mailed to: Mail Stop Missing Parts
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*A copy of this notice **MUST** be returned with the reply.*

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